2000 UNIFORM BUSINESS REPORT (UBR) **DOCUMENT # K91049** Sep 13, 2000 8:00 am Secretary of State 1. Entity Name **BISCAYNE PRODUCTIONS, INC.** 09-13-2000 90014 045 ***158.75 Principal Place of Business Mailing Address 2029 TYLER ST 2029 TYLER ST HOLLYWOOD FL 33020 HOLLWYOOD FL 33020 VACTITAN 2. Principal Place of Business 3. Mailing Address 2029 Tuler 2029 Tyler Suite, Apt. #, etc Suite, Apt. #, etc. DO NOT WRITE IN THIS SPACE City, & State 4. FEI Number Applied For City & State 65-0123185 Not Applicable \$8.75 Additional 5. Certificate of Status Desired Fee Required 7. Name and Address of New Registered Agent Name and Address of Current Registered Agent Name MALKIN, WESLEY P. Street Address (P.O. Box Number is Not Acceptable) 2029 TYLER ST HOLLYWOOD FL 33020 Zip Code 8. The above named entity submits this statement for the purpose of changing its registered office or registered agent, or both, in the State of Florida. SIGNATURE (NOTE: Registered Agent signature required when reinstating) Signature, typed or printed name of registered agent and title if applicable FILE NOW!!! FEE IS \$550.00 9. This corporation is eligible to satisfy its Intangible 10. Election Campaign Financing **\$5.00** May Be Tax filing requirement and elects to do so. After SEPTEMBER 13, 2000 Min. will be \$750.00 Trust Fund Contribution. Added to Fees (See criteria on back) Make Check Payable to Department of State ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11 OFFICERS AND DIRECTORS 11. 12. ☐ Addition PTD ☐ Delete TITLE TITLE MALKIN, WESLEY P. NAME NAME STREET ADDRESS STREET ADDRESS 2029 TYLER ST CITY-ST-ZIP CITY-ST-ZiP HOLLYWOOD FL ☐ Change ☐ Addition TITLE TITLE ☐ Delete NAME NAME STREET ADDRESS STREET ADDRESS CITY-ST-ZIP CITY-ST-ZIP ☐ Delete ☐ Change ☐ Addition TITLE NAME NAME STREET ADDRESS STREET ADDRESS CITY-ST-ZIP CITY-ST-ZIP ☐ Change ☐ Addition ☐ Delete TITLE NAME NAME STREET ADDRESS STREET ADDRESS CITY-ST-ZIP CITY-ST-7IP ☐ Delete ☐ Change ☐ Addition TITLE TITLE NAME STREET ADDRESS STREET ADDRESS CITY-ST-ZIP CITY-ST-ZIP ☐ Change ☐ Addition ☐ Delete TITLE TITLE NAME NAME STREET ADDRESS STREET ADDRESS CITY-ST-ZIP

I hereby certify that the information supplied with this filing does not qualify for the exemption stated in Section 119.07(3)(i), Florida Statutes. I further certify that the information indicated on this report or supplemental report is true and accounted and that my signature shall have the same legal effect as if made under oath; that I am an officer or director of the corporation or the receiver or trustee empowered to execute this report as required by Chapter 607, Florida Statutes; and that my name appears in Block 11 or Block 12 if changed, or on an attachment with an address, with all other like empowered. changed, or on an attachment with an

SIGNATURE:

September 7, 2000

To Whom It May Concern,

After receiving a second notice for our Uniform Business Report we searched our files thoroughly for a first notice from the Florida Department of State. We have no record of ever having received the first notice. We called your offices and spoke with Kelly. After explaining this to her, she advised us to send the original amount owed which was \$150.00 and the \$400.00 late fee would be waived. In addition we added \$8.75 for the Certificate of Status. If there are any questions or any additional information required from us please call us at 954-922-3747. Thank you very much for your assistance in this matter.

Sincerely,

Yessenia Salomon Office Manager